

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041580

1. Entity Name

System International Corp.

FILED

02 APR -2 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8249 NW 36 ST SUITE 118

MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

8249 NW 36 ST

8249 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

118

118

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33166

USA

33166

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1010206

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

WILLIAM NEAL

Street Address (P.O. Box Number is Not Acceptable)

2807 SW 187TH AVE

City

MIRAMAR

FL

Zip Code

33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

William Neal

WILLIAM NEAL - DIRECTOR

03/25/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARLOS AGUILAR
18826 SW. 28 CT
MIRAMAR, FL, 33029

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM NEAL - DIRECTOR
2807 SW 187 AV
MIRAMAR, FL, 33029

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500005050705--7
-03/06/02--01064--019
****150.00 ****150.00

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLOS AGUILAR

WILLIAM NEAL

02-20-02 305-470-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)